12427

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges Co MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.; STREET ADDRESS (If rural, give location) 6712 Cockerille Ave.

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) EUGENIA (Last) ANGLE

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: AUG. 2. 1885

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK.

10b. KIND OF BUSINESS OR INDUSTRY: DEPT. STORE

11. BIRTHPLACE (State or foreign country): RICHMOND VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MONROSE ANGLE

14. MOTHER'S MAIDEN NAME: C. WRADIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 577-05-6554

17. INFORMANT AND ADDRESS: Mrs. CASSANDRA CLARK. 6712 Cockerille Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X

Immediate cause (a) Cerebral vascular accident — 4 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardiovascular disease — 5 yrs.

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Dec. 14, 1953, that I last saw the deceased alive on Dec. 10, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernest E Harmon Jr MD 9301 Colesville Rd, Silver Spring 14 Dec 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Dec. 16, 1953 | NAME OF CEMETERY OR CREMATORY: PROSPECT HILL | LOCATION (City, town, or county) (State): WASH. D.C.

DATE REC'D BY LOCAL REG.: DEC 15 1953 | REGISTRAR'S SIGNATURE: James Severs

24. FUNERAL DIRECTOR: W.W. Taltavull | ADDRESS: 3619-14th St NW Wash DC

RECEIVED
DEC 17 1953
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier 36 — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier 35
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3805 37th street	STREET ADDRESS 3805 37th street (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Lizzie	(Middle)	(Last) Baldwin	4. DATE OF DEATH	(Month) Dec. (Day) 24 (Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH June 29	9. AGE last birthday 66 yrs.	If under 1 year Months Days; If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME ~~Emory~~ William Maske	14. MOTHER'S MAIDEN NAME Annie Mangum				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Alfred E. Baldwin Bowie, Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Uremia, Coronary Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1953, to 12/24, 1953, that I last saw the deceased alive on 12/24, 1953, and that death occurred at 12.30A m., from the causes and on the date stated above.

SIGNATURE George J. Hagcage M.D. (Degree or title) ADDRESS 3717 38th St Cottage City Md DATE SIGNED 12/24/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12/26/53	NAME OF CEMETERY OR CREMATORY Epihaney Cemetery	LOCATION (City, town, or county) (State) Forrestville, Maryland
DATE REC'D BY LOCAL REG. 12/26/53	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR E. Garcia Sons Hyattsville, Md.	ADDRESS

12/29/53 James Severy

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 30 1953
BUREAU V. S

1242

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (in this place) 2 yrs -
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1913 Chestnut Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bowie.
STREET ADDRESS (If rural, give location) 1913 Chestnut Ave

3. NAME OF DECEASED: (Type or Print) (First) Carlyle (Middle) Nathaniel (Last) Ballard
4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-16-51
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Calvin David Ballard
14. MOTHER'S MAIDEN NAME: Madelmie Ella Louise Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: mother - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 9160 Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) 3rd & 4th degree burns of body —
DUE TO (c) Conflagration in home —

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home
21c. (City or town) Bowie. (County) Pr. Geo. (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-14-53 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Conflagration in home —

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 12/14/53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 12/14/53
REGISTRAR'S SIGNATURE Amanda Downey
12/16/53 Agnes M. Yingling
24. FUNERAL DIRECTOR Robert G. McGuire
ADDRESS Washington, D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
DEC 21 1953
BUREAU V. S.

12430

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1913 Chestnut Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) 1913 - Chestnut Ave.

3. NAME OF DECEASED: (First) Coleen (Middle) Patricia (Last) Ballard.
4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 19 53
5. SEX: Female 6. COLOR OR RACE: Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single 8. DATE OF BIRTH: Apr 19. 1952 9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin David Ballard
14. MOTHER'S MAIDEN NAME: Madeline Ella Louise Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

916.0
Immediate cause (a) Asphyxia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) 3rd & 4th degree burns of body -
DUE TO
(c) Conflagration in home -

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home
21c. (City or town) Bowie - (County) Pr. Geo - (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-14-53 9- M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Conflagration in home.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Malone (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 12-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 12/14/53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 12/14/53
REGISTRAR'S SIGNATURE Amanda Downey
12/16/53 Agnes M. Yingling
24. FUNERAL DIRECTOR Robert J. McGuire
ADDRESS 1820 - 9th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A - 5 - 53

RECEIVED
DEC 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 12431

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — LENGTH OF STAY (in this place) 32 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1913 Chestnut Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1913 Chestnut Ave

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Linwood (Last) Ballard

4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-12-53

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 1, Days 32 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin David Ballard.

14. MOTHER'S MAIDEN NAME: Madeline Ella Louise Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

916.0
Immediate cause (a) Asphyxia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) 3rd & 4th degree burns of body
DUE TO
(c) Conflagration in home -

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Bowie - Rt. 50 - (County) (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-14-53 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Conflagration in home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Mahoney (Hyattsville, Md) M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 12-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — **DATE THEREOF** 12/14/53 — **NAME OF CEMETERY OR CREMATORY** — **LOCATION** (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 12/14/53 — REGISTRAR'S SIGNATURE Amanda Downey — FUNERAL DIRECTOR Robert D. McGuire — ADDRESS 1820-9th St. N.W. Wash. D.C.

12/16/53 Agnes M. Yingling 20X3256397

RECEIVED
DEC 21 1922
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges San Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo -
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 2765-73rd Place - Kent Village

3. NAME OF DECEASED: (Type or Print) (First) Sheryl (Middle) Lynn (Last) Belote
4. DATE OF DEATH (Month) (Day) (Year) 12 - 18 - 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH: Sept 9-1953
9. AGE Last birthday: yrs. 3 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Leon Belote
14. MOTHER'S MAIDEN NAME: Gloria Anita Lundquist
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother - Same address -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

92.4.0
Immediate cause (a) Asphyxia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Suffocation
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home
21c. (City or town) Hyattsville (County) Pr. Geo (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-18-53. 4 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Head caught between pillow & carriage bottom

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 12/18/53.
NAME OF CEMETERY OR CREMATORY Roanoke
LOCATION (City, town, or county) (State) Va

DATE REC'D BY LOCAL REG. 12/18/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Rocks & Sons Hyattsville Md
ADDRESS

9V9399V99V

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12434

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillside — LENGTH OF STAY (in this place): ~~15 yrs~~ 8 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bradbury Heights
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1504 59th Ave. Apt. 303	STREET ADDRESS (If rural, give location): 4915 R St.

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Ellen	(Last) Berry	4. DATE OF DEATH (Month) Dec. (Day) 14 (Year) 1953
5. SEX: F	6. COLOR OR RACE: Cauc.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: Nov. 23 1875	9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: Phillip Alexander Martin		14. MOTHER'S MAIDEN NAME: Ellen Turner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of [illegible])	16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: Mrs. Harriet Langley 1504 59th Ave. Hillside Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
170x Immediate cause	(a) Cerebral Metastases - coma	48 hours
Antecedent cause(s)	Vaginal Bleeding - Metastases	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma - Left breast	12 years
260x	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	20 years

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1953, to Dec. 14, 1953, that I last saw the deceased alive on Dec. 12, 1953, and that death occurred at 8 35 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. O'Connor MD		4400 Bowen Rd. S.E. Wash. D.C.	12/14/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-17-53	Cedar Hill Cem.	Suitland Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 14, 1953	Carrie F. Campbell	J. W. Lee Sons Co. 300 4th N.E.	Wash. D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: Glenn Dale Hospital
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (RURAL)
LENGTH OF STAY (in this place) 2 yrs. 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1403 - 29'th St., S.E.

3. NAME OF DECEASED: (First) ANNIE (Middle) E. (Last) BOSTETTER
4. DATE OF DEATH: (Month) December (Day) 5 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: 8/5/81
9. AGE Last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Franklin, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Eliah Zuck
14. MOTHER'S MAIDEN NAME: Lorena Geiser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 25 months
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2, 1951, to 12/5, 1953, that I last saw the deceased alive on 12/5, 1953, and that death occurred at 4 10 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dane & Leo Finucane M.D. Glenn Dale Hospital Dec 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-6-53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REGISTRAR 12/5/53 REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS
J. Wm Lee & Son 300-4 St. NE. Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 15 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12437

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
COUNTY PRINCE GEO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER HILLS
LENGTH OF STAY (in this place) 5 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY PR. GEO. CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL SUITLAND
STREET ADDRESS (If rural, give location) RURAL 4411 SUMMER RD.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WASHINGTON (Last) BOSWELL
4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAR 31 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. BRAKEMAN
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (State or foreign country): WASHINGTON, DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: ANNIE DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MRS. DOROTHY HAYDEN 5307 CHESAPEAKE RD. HYATTSVILLE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 month.

DUE TO

Antecedent cause(s) (b) Cerebral Arteriosclerosis — 3 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 12-21, 1953, that I last saw the deceased alive on 12-21, 1953, and that death occurred at 11 20 P.m., from the causes and on the date stated above.

SIGNATURE John P. D. Hayden (DEGREE OR TITLE) ADDRESS 4223 Silver Hill Rd, Silver Hill, Md. DATE SIGNED 12-21-53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 12/24/53
NAME OF CEMETERY OR CREMATORY CEDAR HILL
LOCATION (City, town, or county) (State) SUITLAND, MD.

DATE REC'D BY LOCAL REG. Dec. 22-53
REGISTRAR'S SIGNATURE Howard J. Beall
24. FUNERAL DIRECTOR J. William Lee & Sons ADDRESS Co. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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BUREAU V. S.

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3487

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12430

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1 PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chmerly
LENGTH OF STAY (in this place) 1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3106 Chmerly Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chmerly
STREET ADDRESS (If rural give location) 3106 Chmerly Ave.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Broderick
4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 27 Feb. 1869
9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cone Williams
14. MOTHER'S MAIDEN NAME: Laura ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Son Harry C. Broderick, Same add.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X
Immediate cause (a) Cachexia And Inanition — Interval Between Onset And Death: 2 mos.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Ca. of Stomach — 6 mos.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1953, to 14 Dec. ..., 1953, that I last saw the deceased alive on 10 Dec. ..., 1953, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE Thomas M. Tatelbaum (Degree or title) M.D. ADDRESS 7315 Landover Rd. Hyattsville, Md. DATE SIGNED 14 Dec. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 12-14-1953
NAME OF CEMETERY OR CREMATORY The Newburgh Woodlawn Cem. Assn.
LOCATION (City, town, or county) Newburgh (State) N.Y.

DATE REC'D BY LOCAL REGISTRAR Dec 14, 1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Bosley Sons
ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

Film#G160 Item# 14 1/6/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Park
LENGTH OF STAY (in this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6401 - Buchanan Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ma COUNTY P. S.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Maryland Park
STREET ADDRESS (If rural, give location) 6405 - Buchanan St

3. NAME OF DECEASED: (Type or Print) (First) Otto (Middle) August (Last) Burghardt
4. DATE OF DEATH (Month) Dec (Day) 14 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Wheb
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 20, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Jeweler
10b. KIND OF BUSINESS OR INDUSTRY: Bureau
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: August Burghardt
14. MOTHER'S MAIDEN NAME: Josephine unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Anna Burghardt, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Acute Congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular, renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/17/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) (State) Suitland, Pr. Ges. Md.

DATE REC'D BY LOCAL REG. 12/14/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Cherry Chase Funeral Home ADDRESS 5103 Wis Ave N.W. D.C.

Carrie F. Campbell.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Heights
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2340 Kenton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hillcrest Heights
STREET ADDRESS (If rural, give location) 2340 Kenton Street

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Reed (Last) Caro

4. DATE OF DEATH (Month) 12 (Day) 26 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 22, 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk typist
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Coast Guard
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Caro
14. MOTHER'S MAIDEN NAME: Laura Burner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Elizabeth Caro, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

Immediate cause (a) Cerebral thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James I. Boyd M. D.
CHIEF MEDICAL EXAMINER ☑
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/30/53
NAME OF CEMETERY OR CREMATORY Arlington Natl.
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 12/27/53
REGISTRAR'S SIGNATURE Amanda Downey
Carrie F. Campbell

24. FUNERAL DIRECTOR The S H Hines Co.
ADDRESS 2901-14th St. N.W. Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3906-53rd Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 3906-53rd Place

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) George (Last) Carr

4. DATE OF DEATH (Month) (Day) (Year) 12-13-1953

5. SEX: Male MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-17-1913
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Foreign Op. Admin.
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Peter Carr
14. MOTHER'S MAIDEN NAME: Olive Hughes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular disease
DUE TO
(c) Coronary heart disease

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-13-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): DATE THEREOF 12/15/53
NAME OF CEMETERY ~~OR CREMATORY~~ Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 12/16/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co., ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

13 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 day -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Lanham Hill
STREET ADDRESS (If rural give location) 4907 - 47th Pl -

3. NAME OF DECEASED: (First) Ward. (Middle) P. (Last) Christie.

4. DATE OF DEATH: (Month) Dec (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 5 - 1889

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired) Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter R. Christie

14. MOTHER'S MAIDEN NAME: Romania

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: James C. Moag, Nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

576X

Immediate cause (a) Generalized Peritonitis — Interval Between Onset And Death 24 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cause undetermined.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14, 1953, to 12/16, 1953, that I last saw the deceased alive on 12/15, 1953, and that death occurred at 12.35 AM, from the causes and on the date stated above.

SIGNATURE Julius Jeffman, (Degree or title) M. D. ADDRESS Bladensburg, Md. DATE SIGNED 12/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-19-53 — NAME OF CEMETERY OR CREMATORY Arlington National Cem. — LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 12/16/53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR E. N. Hines Co. — ADDRESS 2901 14th St N.W. Washington D.C.

VS. A15

(over)

Countersigned

John J. Maloney - M.D. Deputy Medical Examiner. P.G. County

12-16-53

RECEIVED
DEC
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19411

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 3729 Wells Avenue

3. NAME OF DECEASED: (Type or Print) (First) Olive (Middle) S. (Last) Claspell

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 4 - 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Clark
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 577-07-1157a
17. INFORMANT & ADDRESS: PATIENT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

330X
Immediate cause (a) Subarachnoid hemorrhage — 29 days
DUE TO Rupture of
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Aneurysm of Circle of Willis — unknown
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1953 to 12-16, 1953, that I last saw the deceased alive on 12-15, 1953, and that death occurred at 10 30 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Maurice Donat Cohen M.D. — ADDRESS 3503 Perry St Mt Rainier Md — DATE SIGNED 12/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/19/53
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 12/18/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Bailey's Funeral Home Inc
ADDRESS 3200 - R.I. Ave. Mt. Rainier, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V.S. A15

RECEIVED
DEC 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights | LENGTH OF STAY (in this place) 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5914 - H. Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fairmount Heights
STREET ADDRESS 5914 - H. Street (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) S. (Last) Colbert
4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 8, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Colbert
14. MOTHER'S MAIDEN NAME: Lettie Yates
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Alpheus E. Colbert - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

157 X
Immediate cause (a) Exhaustion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinomatosis
DUE TO
(c) Carcinoma of stomach

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 12-16-53 | NAME OF CEMETERY OR CREMATORY Hunt & Ryon Funeral Home | LOCATION (City, town, or county) (State) Waldorf Charles Co. Md.
DATE REC'D BY LOCAL REG. 12-16-53 | REGISTRAR'S SIGNATURE Amanda Downey / Carrie F. Campbell. | 24. FUNERAL DIRECTOR Hunt & Ryon | ADDRESS Waldorf Md.

VS. A15A 45-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

LUBAU V.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georgie — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9137 - Baltimore ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georgie
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 9137 - Baltimore ave

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) FRANCIS (Last) COLBERT

4. DATE OF DEATH: (Month) Dec (Day) 12, (Year) 19 53

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH March 7, 1892

9. AGE last birthday 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Park Lane Tourist Camp

10b. KIND OF BUSINESS OR INDUSTRY self

11. BIRTHPLACE (State or foreign country) Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael colbert

14. MOTHER'S MAIDEN NAME Mary Driscoll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Florence Colbert College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2 ..., 19 45., to 12-12 ..., 19 53 that I last saw the deceased alive on 12-2 ..., 19 53 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation — DATE 12/16/53 — NAME OF CEMETERY OR CREMATORY St Paul — LOCATION (City, town, or county) (State) Somerville Mass.

DATE REC'D BY LOCAL REG. December 18 1953 — REGISTRAR'S SIGNATURE John A Smith

24. FUNERAL DIRECTOR F Rocha Son Hyattsville Md — ADDRESS

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly, Maryland
LENGTH OF STAY (in this place) 1 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham, Maryland
STREET ADDRESS (If rural give location) Naval Avenue

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) P. (Last) Daniels

4. DATE OF DEATH: (Month) Dec. (Day) 29, (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH July 26, 1893

9. AGE last birthday: 60 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Electrician

10b. KIND OF BUSINESS OR INDUSTRY: D.C. Repair Shop

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward A. Daniels

14. MOTHER'S MAIDEN NAME: Jeanette Stick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-32-5832

17. INFORMANT & ADDRESS: Mary Catherine Daniels Naval Ave. Lanham, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 6 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Thrombosis of right coronary Artery — 6 hrs.

DUE TO (c) Coronary Arteriosclerotic Heart Disease

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on 29 Dec 19 53, and that death occurred at 6:50 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Leon L Gallin MD — ADDRESS 3827-34th Pl Mt Rainier Md — DATE SIGNED 29 Dec '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 2/54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 1/4/54 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Malley Funeral Home — ADDRESS 3200-R.I. Ave. Mt. Rainier, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
LENGTH OF STAY (in this place) 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6816 Annapolis Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 6816 - Annapolis Rd

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) ELLEN (Last) DE NEANE
4. DATE OF DEATH (Month) Dec (Day) 29, (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH 2/17/1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY Usa

13. FATHER'S NAME Henry J Gascon
14. MOTHER'S MAIDEN NAME Mary Elizabeth Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Elizabeth De Neane Landover Hills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4434

Immediate cause (a) Cerebral Accident -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1934, to 12-30, 1953, that I last saw the deceased alive on 12-4, 1953 and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Hyattsville Md 12-30-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/31/53
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 12/31/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gascon Sons - Hyattsville Md ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Stewart (Last) Early

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 12, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Brandywine Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles S.
14. MOTHER'S MAIDEN NAME: Georgia W. Berry

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Charles S. Early Jr., Brandywine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 BX

Immediate cause (a) Dehydration, General Visceral Failure — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Intestinal Obstruction, Law. — 2½ weeks
DUE TO (c) Adenocarcinoma, Splenic flexure — Est. 6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Oct, 1953 to 20 Dec, 1953, that I last saw the deceased alive on 19 Dec., 1953, and that death occurred at 9.50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) William F. Colliton, Jr., M.D. ADDRESS 4221 S. Capitol St. DATE SIGNED 21 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/23/53
NAME OF CEMETERY OR CREMATORY: St. Pauls
LOCATION (City, town, or county) (State): Baden Md.

DATE REC'D BY LOCAL REGISTRAR: 12-23-53
REGISTRAR'S SIGNATURE: M. L. Monroe
F. H. Billingsley Smith
24. FUNERAL DIRECTOR: Huntt & Ryan, Waldorf, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel, Maryland
STREET ADDRESS (If rural give location) 506 Gorman Ave.

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) Michael (Last) Eller
4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: March 16, 1953
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months 8 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Chilhowie, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert F. Eller
14. MOTHER'S MAIDEN NAME: Lillian Myers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Herbert F. Eller, 506 Gorman Ave, Laurel, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Severe Dehydration
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Infantile Diarrhea
DUE TO
(c)

Interval Between Onset And Death: 3 Days

571.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1953, to Dec 4, 1953, that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 7:30 pm, from the causes and on the date stated above.
SIGNATURE Robert C. Wingfield, M.D. (Degree or title) ADDRESS 402 Main Strathmore Md. DATE SIGNED Dec 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 7 1953
NAME OF CEMETERY OR CREMATORY Grasses Creek Cemetery
LOCATION (City, town, or county) (State) Chilhowie, Virginia
DATE REC'D BY LOCAL REGISTRAR Dec. 5-53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR De With Donaldson, Laurel, Md ADDRESS

12/9/53 Amanda Downey 9433 [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 11 19[illegible]3
BUREAU V. S.

item 7: film G160 1-12-54 LL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HYATTSVILLE
LENGTH OF STAY (in this place) 24 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY PR. GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
STREET ADDRESS (If rural, give location) 3120 MADISON ST.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) FRANCIS (Last) ELMENDORF

4. DATE OF DEATH: (Month) DEC (Day) 17 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	~~Divorced~~ MARRIED	FEB. 16 1875	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	BUILDING	WISCONSIN	USA

13. FATHER'S NAME: MOSES ELMENDORF

14. MOTHER'S MAIDEN NAME: ALICE LACEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO		579-07-2821	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
157
Immediate cause (a) Cancer of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 7 months
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1953, to 12-17, 1953, that I last saw the deceased alive on 17 DEC., 1953, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

SIGNATURE Henry R. Wolfe (DEGREE OR TITLE) M.D. ADDRESS 5603 Chillum Hgts Drive DATE SIGNED 12/18/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	12/22/53	WASH. NATIONAL	SUITLAND	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 18, 1953	James Devery	J. William Lee & Son Co.	Wash. D.C.

RECEIVED
DEC
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1953

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (In this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6800 Oxon Hill Rd S.E

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) 6800 Oxon Hill Rd S.E

3. NAME OF DECEASED (Type or Print): (First) Archie (Middle) Lee (Last) Finagin

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 16 1895

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mt. Washington, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joshua B. Finagin

14. MOTHER'S MAIDEN NAME: Sarah E. Leman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 577-05-6763

17. INFORMANT: Mrs. Louise Finagin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1644 Immediate cause (a) Pulmonary Oedema — Interval Between Onset and Death: 15 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Metastatic Carcinomatosis — 9 months

(c) Atypical Mediastinal Carcinoma — 16 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1952 to 12/29, 1953, that I last saw the deceased alive on 12/28, 1953, and that death occurred at 2:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Anna Conner Todd — ADDRESS: 7519 Broadview Rd S.E — DATE SIGNED: 12/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-31-53 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REG.: 12/29/53 — REGISTRAR'S SIGNATURE: Howard I Beall — 24. FUNERAL DIRECTOR: J W Lee Funeral Home — ADDRESS: 300-4th St NE Wash. D. C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dupont Height
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spaulding Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dupont Heights
STREET ADDRESS (If rural, give location) Spaulding Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Phoebe Mullen Ford

4. DATE OF DEATH (Month) (Day) (Year) 12 12 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1884
9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Ben Mullen
14. MOTHER'S MAIDEN NAME: Harriet Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Minnie Green 818 - 12th St. N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490X

Immediate cause (a) Congestive heart failure, [illegible] — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fatal pneumonia

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF Dec. 13-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Dec. 13-53
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Henry S. Washington & Sons
ADDRESS 467 N St. NW D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 2 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5301 - Sargent Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5301 - Sargent Road

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Edward (Last) Foy

4. DATE OF DEATH (Month) (Day) (Year) Dec - 29 - 1953

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single **8. DATE OF BIRTH:** 5-22-09 **9. AGE last birthday:** 44 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Priest **10b. KIND OF BUSINESS OR INDUSTRY:** Catholic Religion **11. BIRTHPLACE** (State or foreign country): Wilmington, Del **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Henry Albert Foy

14. MOTHER'S MAIDEN NAME: Anna Louise Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) **(If Yes, give war or dates of service)**

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Barbara Neal - Sister 2503 - Patrick St Wilmington, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

331X
Immediate cause (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral hypertension

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive heart disease

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Edward J. Maloney (Hyattsville, Md.) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal **DATE THEREOF** 12-29-53 **NAME OF CEMETERY OR CREMATORY** ✓ **LOCATION** (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 12/29/53 **REGISTRAR'S SIGNATURE** ~~Joseph T. Ryan Dir~~ Amanda Dawson Deputy **24. FUNERAL DIRECTOR** ADDRESS Joseph T. Ryan Dir 517 - 1/2 G. ave S.E.

1/2/54

VS. A15A - 5 - 53

U V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10157

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince George's; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): Dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro
STREET ADDRESS (If rural, give location): Rectory Lane

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Rawlings (Last) Garner
4. DATE OF DEATH: (Month) December (Day) 20 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4/6/06
9. AGE last birthday: 47 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst Cashier
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward H. Garner
14. MOTHER'S MAIDEN NAME: Ethel Duley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Walter Garner, Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E96X
Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Gun shot wound in the head
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rear office bldg
(CITY OR TOWN): Upper Marlboro
(COUNTY): P. G.
(STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 12 20 53 1:55P
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self in the head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE: James H. Boyd (Degree or title): M. D. ADDRESS: Forestville, Md. DATE SIGNED: 12/20/53

BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: 12/23/53
NAME OF CEMETERY OR CREMATORY: Trinity Episcopal
LOCATION (City, town, or county): Upper Marlboro (State): Md.
DATE REC'D BY LOCAL REG.: 12/24/53
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR ADDRESS: Ritchie Bros. Upper Marlboro, Md.

Burial Permit issued by John F. Danner Upper Marlboro Md Dec 22 1953

VS. A15A

DES

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural give location) None - Rural

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) John (Last) Golden

4. DATE OF DEATH: (Month) Dec (Day) 8 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 30 May 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Crystal Springs, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Saul Golden

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hiser

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Rose M. Golden - Mitchellville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x

Immediate cause (a) Intracerebral Hemorrhage — DUE TO — Interval Between Onset And Death: 1 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1953, to Dec 8, 1953, that I last saw the deceased alive on Dec 8, 1953, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) William Brannan MD — ADDRESS Capitol Hgts Md — DATE SIGNED 12/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/11/1953 — NAME OF CEMETERY OR CREMATORY Mt Oak Church Cemetery — LOCATION (City, town, or county) Mitchellville — (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/10/53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS W. W. Chambers Co - Riverdale, Md

RECEIVED
DEC 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Avenue + Ritchie Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1508 Q N.W.

3. NAME OF DECEASED (Type or Print) (First) Harrison (Middle) B. (Last) Gorman Jr.
4. DATE OF DEATH (Month) Dec (Day) 25 (Year) 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jany 8, 1920
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harrison B. Gorman
14. MOTHER'S MAIDEN NAME Susie Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Susie Gorman, Sunderland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest, fracture and

(c) dislocation of 3rd and 4th cervical vertebrae

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY At Place of death (CITY OR TOWN) Ritchie (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 12 (Day) 25 (Year) 53 (Hour) 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Occupant of auto that struck a tree

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE James F. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 12-26-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 12-29-53 NAME OF CEMETERY OR CREMATORY St Edmonds Cemetery LOCATION (City, town, or county) Chestpeak Beach (State) Md

DATE REC'D BY LOCAL REG. 12-26-53 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR P.C. Sewell ADDRESS Prince Frederick Md

Dec. 30, 1953 John F. Danner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bronchville, Maryland
STREET ADDRESS (If rural give location) 9114 Rhode Island Ave

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) MARY (Last) Grey

4. DATE OF DEATH: (Month) Dec. (Day) 9, (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: March 23, 1859
9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): MASS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN BRIGHTMAN
14. MOTHER'S MAIDEN NAME: (UNKNOWN) SEGUR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS AVIS CAVANAUGH — FALL RIVER, MASS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congestive Heart Failure — 1 week

DUE TO

(c) Hypertensive Cardiac Vascular Renal Disease — 15 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1952 to 12-9, 1953 that I last saw the deceased alive on 12-9-53, and that death occurred at 6 P.M. from the causes and on the date stated above.

SIGNATURE John P. Clum (Degree or title) M.D. ADDRESS 6110 43rd Ave Hyattsville Md DATE SIGNED 12-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 12/12/1953
NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEM.
LOCATION (City, town, or county) (State) COLMAR MANOR, PR. GEO. MD

DATE REC'D BY LOCAL REGISTRAR 12/11/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. CHAMBERS CO. — LIVERDALE, MD ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Pr. Geo's. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood — LENGTH OF STAY (in this place) 40 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED: (Type or Print)	(First) Hattie	(Middle) Gertrude	(Last) Grierson	4. DATE OF DEATH:	(Month) 12	(Day) 17	(Year) 1953
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: March 23, 1881	9. AGE last birthday: 72 yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John Wesley Grierson		14. MOTHER'S MAIDEN NAME: Serena Elizebeth Cochran	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --	16. SOCIAL SECURITY No.: ---	17. INFORMANT & ADDRESS: Mrs. Charles E. Moore, Jr. Rt. #1, Upper Marlboro, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Cerebral Embolism — 24 hrs

DUE TO

Antecedent cause(s) (b) Hypertensive Cardio-Vascular

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Renal Visual — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 15 yrs

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY None M.	INJURY OCCURRED While at work ☐ Not while at work ☐ —	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 10, 1953 to Dec 17, 1953, that I last saw the deceased alive on Dec 17, 1953, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE James E. Sasscer (DEGREE OR TITLE) M.D. — ADDRESS Upper Marlboro, Md. — DATE SIGNED 12-17-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF Dec. 20, 1953	NAME OF CEMETERY OR CREMATORY Epiphany Episcopal	LOCATION (City, town, or county) Forestville, (State) Md.
DATE REC'D BY LOCAL REG. Dec 19, 1953	REGISTRAR'S SIGNATURE John F. Danner.	24. FUNERAL DIRECTOR Ritchie Bros.	ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rivendale
STREET ADDRESS (If rural give location) 6203 61st Place

3. NAME OF DECEASED: (Type or Print) (First) Mae (Middle) (unknown) (Last) Hageman
4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 80 ? yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John Hitaffer, 6203 61st Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval Between Onset And Death: 3yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1930 to 12-6, 1953, that I last saw the deceased alive on 12-6, 1953, and that death occurred at 5:07 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Gerard Hay M.D. — ADDRESS Hyattsville, Md. — DATE SIGNED 12-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/9/53 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Dec 6 1953 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. Arthur Walters — ADDRESS 254 Carroll St. N.W. Takoma Park, D.C.

VS. A15

RECEIVED
DEC. 10 1953
BUREAU OF S
62-5200

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville Md
LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5210 - 42 Place

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 5210 - 42 Place

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) albin (Last) Hardwick, sr.
4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 53 19

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3/21/1898
9. AGE last birthday: 55 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman
10b. KIND OF BUSINESS OR INDUSTRY: Biscuit Co
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vincent B. Hardwick
14. MOTHER'S MAIDEN NAME: Maude walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Roberta V Hardwick Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 7

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 12-16, 1953, that I last saw the deceased alive on 12-12, 1953, and that death occurred at 8 9 m., from the causes and on the date stated above.

SIGNATURE: Leonard Hay (Degree or title) M.D. ADDRESS: Hyattsville Md DATE SIGNED: 12-17-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 12/19/53
NAME OF CEMETERY OR CREMATORY: Lt Lincoln
LOCATION (City, town, or county): Colmar Manor (State): Md

DATE REC'D BY LOCAL REG.: Dec. 17, 1953
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy Local
24. FUNERAL DIRECTOR: F Gasche sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

M

1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (in this place) 6 yr. 3 mo. 4 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 2700 2nd St. N.W.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) BROWN (Last) HIGGINS

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-28-1858

9. AGE last birthday: 95 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mortimer L. Williams

14. MOTHER'S MAIDEN NAME: Sarah W. Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Helen M. Williams 2700 2nd St. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — Many Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15-, 1949, to 12-10, 1953, that I last saw the deceased alive on 12-10-, 1953, and that death occurred at 12:25 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James P. Saude M.D. ADDRESS: Laurel Sanitarium, Laurel, Md. DATE SIGNED: 12-11-1953

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: 12-11-53; NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery; LOCATION (City, town, or county): Washington (State): DC

DATE REC'D BY LOCAL REG.: Dec 11-53; REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: Joseph Gawler's Sons ADDRESS: 1756 Pa. Ave. N.W. Wash. D.C.

REÇU LE
DEC 1 . 1 . .
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12463

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY P. G. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cheverly | LENGTH OF STAY (in this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL) and give nearest town) OR TOWN 5600 Queen Chapel Rd.
STREET ADDRESS (If rural give location) Hyatts ville

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) C. (Last) Hoover
4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min
M	W	M	July 13-1913	40 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, (even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Self	Pa.	U. S. A.

13. FATHER'S NAME: Edwin A. Hoover
14. MOTHER'S MAIDEN NAME: Eva M. Corbett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	579 05 5015	Father Same Address as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
443X Immediate cause	(a) Cardiac dilitation - acute	1 hr
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Hypertension	10 yrs
DUE TO	(c) Bronchial Asthma	2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12, 1953, to 12-7, 1953 that I last saw the deceased alive on 12-7, 1953, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

SIGNATURE John P. Clum M.D. (Degree or title) ADDRESS Hyattsville DATE SIGNED 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/10/1953	Ft. Lincoln Cemetery	Colmar Manor, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-8-53	Amanda Denney	F. Gasch's Sons Hyattsville, Maryland

F. Gasch's Sons

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

RECEIVED
DEC 10 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly X
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural, give location) 4301 Underwood St

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) (Last) HUDSON
4. DATE OF DEATH (Month) Dec. (Day) 1 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-1-71
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME ? Wagner
14. MOTHER'S MAIDEN NAME Elizabeth Knauss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Carl Wagner (Nephew) Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Bronchopneumonia (Terminal) — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebrovascular Accident — 3 days

(c) Arteriosclerotic cardiovascular Disease — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to Dec 1, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 6:28 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 5432 Queens Chapel Rd Hyattsville Md. 1/1/53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 12-4-53 NAME OF CEMETERY OR CREMATORY Hollywood LOCATION (City, town, or county) Richmond (State) Va

DATE REC'D BY LOCAL REG. 2/1/53 REGISTRAR'S SIGNATURE Amada Downey
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Ga Ave NW Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place): 24 yrs 9 mos 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1221 Massachusetts Ave N.W.

3. NAME OF DECEASED (Type or Print): (First) MAY (Middle) ESTELLE (Last) HUNGERFORD
4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White		9-16-(?)	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not any-
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip C. Hungerford
14. MOTHER'S MAIDEN NAME: Amelia Spence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Roy Stuart 1221 Massachusetts Ave N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — Several Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Endocarditis — " "
(c) General Arteriosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Congestion - pulmonary — 4 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-9-, 1951, to 12-7-, 1953, that I last saw the deceased alive on 12-6-, 1953, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James P. Sauls	M.D.	Laurel Sanitarium, Laurel, Md.	12-7-1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 9-1953	Congressional	Wash.	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/9/53.	M. Brashears mnb	W.K. Huntemann & Son	5732 Ga. Ave. N.W.

VS-A15

RECEIVED
DEC 9 1953
BUREAU V. S.

Film#G160 Item# 12 12/17/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4790 St Barnabas Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY PRINCE GEORGE'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON D.C.
STREET ADDRESS (If rural, give location) 4790 ST. BARNABAS Rd., S.E.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Ihre

4. DATE OF DEATH (Month) Dec (Day) 8 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married

8. DATE OF BIRTH May 27 1877

9. AGE last birthday 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Businessman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Ihre

14. MOTHER'S MAIDEN NAME Magdelina Mohler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT Mary Konrad Ihre (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420. Immediate cause (a) Acute Coronary occlusion	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency	1 Month
(c) General Arteriosclerosis	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Endative Nephritis	1 Yr

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Natural Causes

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1953, to Dec 8, 1953, that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul C Van Hatta	MD	Washington DC	Dec 8 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 10-53	Cedar Hill Cemetery	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 8-53	Howard J Beall	Lennon Bros	2007 Nichols Ave S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly X
LENGTH OF STAY (in this place) 26 day -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY PG
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham - X
STREET ADDRESS (If rural give location) Goodluck Rd.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy - (Last) Jackson
4. DATE OF DEATH: (Month) 17 (Day) Dec (Year) 1953

5. SEX: m.
6. COLOR OR RACE: B.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 21 Nov 1953
9. AGE last birthday: 26 days yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md -
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Earl Dunbar Jackson.
14. MOTHER'S MAIDEN NAME: Sarah Hockley -

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 491X
(a) Bronchopneumonia
DUE TO

Antecedent causes(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Wheel resp. infection
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1953, to 12/17, 1953, that I last saw the deceased alive on 12/17, 1953, and that death occurred at 12 15/17, from the causes and on the date stated above.
SIGNATURE (Degree or title) Thomas A. Christensen MD
ADDRESS College Park Md
DATE SIGNED 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 1/8/54
NAME OF CEMETERY OR CREMATORY Prince George Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)
DATE REC'D BY LOCAL REGISTRAR 1/13/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr
ADDRESS Supt

20 X 332 X 241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 15 1904
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12468

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park, Maryland
STREET ADDRESS (If rural give location) 6909 Wake Forest Drive

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Dec. (Day) 29, (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 12, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (Specify) Postmaster
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Minor
14. MOTHER'S MAIDEN NAME: Margaret Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
446X Immediate cause	(a) Uremia	1 week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Nephrosclerosis, arteriolar, severe	?
	DUE TO (c) Generalized arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23, 1953, to 12-29, 1953 that I last saw the deceased alive on 12-29, 1953, and that death occurred at 7 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) O.L. Elienne, M.D. ADDRESS College Park, Md DATE SIGNED 12-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 12/31/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR 12/31/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasche Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

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DJ.LAU V. S.

Film#G160 Item# 14 12/11/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH
County: Prince Georges
City or town: Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Eight year
Hospital, Institution, or street address where death occurred: 500 - 62nd Pl. # B
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)
Street No. 500 - 62nd Pl. # B
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Luna Nancy Jones

3.(b) Social Security Number

4. Sex: Female
5. Color or race: Negro
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Thaddeus P. Jones
6.(c) If alive, give age: 79 years
7. Birth date of deceased (mo., day, yr.): May 2, 1885
8. AGE: Years: 68 Months: Days: If less than one day: hrs. min.
9. Birthplace: Winston, S. C.
(Town, county, and state)
10. Usual occupation: Cook
11. Industry or business:
12. Name of FATHER: Albert Humbert
13. Birthplace:
14. Maiden name of MOTHER: unknown
15. Birthplace:
16. Informant: Thaddeus Jones
Address: 500 - 62nd Pl. # B
17. (Burial, cremation, or removal. Which?) Removal Date thereof: Dec. 3, 53 (month) (day) (year)
Cemetery or crematory:
Location: Washington D.C.
18. Funeral director: L C Murray & Son
Address: 1337 10 St N.W.
19. Dec. 3 1953 (Date rec'd by registrar) Carrie L. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 3, 1953 3:35 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1948 to Dec. 3, 1953 and that I last saw h[illegible] alive on Dec. 2, 1953

	DURATION
Immediate cause of death: Coronary Heart Disease	
Due to: Nephritis	
Due to: Diabetes mellatus	
Other conditions: 260 X (Include pregnancy within 3 months of death)	

Major findings of operations:
Date of op
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23 SIGNATURE: Louis W. Robinson, M.D.
M. D. or other
Address: 1001 Eastern Ave. NE Date signed: 12/3/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
DEC 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12470

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hyattsville
LENGTH OF STAY (in this place) 5 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4100 Nicholson Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural give location) 4100 Nicholson St.

3. NAME OF DECEASED: (Type or Print) (First) Eunice (Middle) Irene (Last) Kellogg

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 27/1876

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Ionia County, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin Stocken

14. MOTHER'S MAIDEN NAME: Adeline Raymond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Charles E. Kellogg - 4100 Nicholson St. Hyattsville Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Acute Coronary Occlusion	3 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Insufficiency	?
	DUE TO (c) Arteriosclerotic, Hypertensive C-V Disease	?
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 19 53 to Dec. 21, 19 53, that I last saw the deceased alive on Nov. 23, 19 53, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) David A. Clayman, M.D. — ADDRESS 6311 Baltimore Ave, Riverdale Md — DATE SIGNED 12/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/22/53 — NAME OF CEMETERY OR CREMATORY Palo Cemetery — LOCATION (City, town, or county) (State) Palo Michigan

DATE REC'D BY LOCAL REGISTRAR Dec. 22 1953 — REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local Reg. — 24. FUNERAL DIRECTOR — ADDRESS W. W. Chambers Co - Riverdale, Md

Dec. 21, 1953

Coroner notified + okayed signing of certificate -

D S Clayman, head.

RECEIVED
DEC 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 71

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital 202 E. Capitol St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) (Last) Kepler

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: 4-2-87
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Mayer
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: PATIENT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 4 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Artherosclerosis — 6 mos

DUE TO (c)

(260X)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1953, to 12/17, 1953, that I last saw the deceased alive on 12/17, 1953, and that death occurred at 550 PM, from the causes and on the date stated above.

SIGNATURE Norman Dixit Conover (Degree or title) M.D. ADDRESS 3503 Perry St Mt Rainier Md DATE SIGNED 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12/21/53 NAME OF CEMETERY OR CREMATORY Lutheran LOCATION (City, town, or county) (State) Redland Md

DATE REC'D BY LOCAL REGISTRAR Dec 17/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Frank Joy ADDRESS 5406 Ill Ave. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 8 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg X
STREET ADDRESS (If rural give location) 3802 - Kenilworth Ave

3. NAME OF DECEASED: (Type or Print) (First) Amelia (Middle) D. (Last) Kidwell.

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.
8. DATE OF BIRTH: 25 Nov 1899.
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Norgle
14. MOTHER'S MAIDEN NAME: Mary Lecklieter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records, Cheverly Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Hemmorr Lage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cirr Losis of Liver — DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Dec, 1953, to 27 Dec, 1953 that I last saw the deceased alive on 26 Dec, 1953 and that death occurred at 5:00 AM, from the causes and on the date stated above.

SIGNATURE John Kelvo M.D. (Degree or title) ADDRESS Cheverly Md. DATE SIGNED 27 Dec 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 30, 1953 NAME OF CEMETERY OR CREMATORY Evergreen LOCATION (City, town, or county) Bladensburg Md (State)

DATE REC'D BY LOCAL REGISTRAR 12/30/53 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gaschi sons ADDRESS Hyattsville Md

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood Md.
LENGTH OF STAY (in this place) 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3808 39th

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3808 39th.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Kirkpatrick
4. DATE OF DEATH (Month) Dec. (Day) 4 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 1, 1889
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter + paperhanger
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Loudoun County Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Kirkpatrick
14. MOTHER'S MAIDEN NAME Catherine Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none.
17. INFORMANT Mrs Eva Kirkpatrick Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
1 2 X Immediate cause	(a) Generalized Carcinomatosis	3 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchogenic Carcinoma	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery Disease — 14 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Dec 4, 1953, that I last saw the deceased alive on Nov 24, 1953, and that death occurred at 1:33 A m., from the causes and on the date stated above.

SIGNATURE Norman Donel Comeau (Degree or title) M.D. ADDRESS 3503 Perry St. Mt Rainier Md DATE SIGNED 12/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/7/53
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. Dec 6 1953
REGISTRAR'S SIGNATURE James Levey
24. FUNERAL DIRECTOR ADDRESS Nallin's Funeral Home, Inc. 3200 R. I. Ave, Mt. Rainier Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Riverdale

LENGTH OF STAY (in this place) 4½ hr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale X

STREET ADDRESS (If rural, give location) 6221 44th AVE

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) VINCENT (Last) Kreiger

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 18-1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia PA.

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Gustav Kruger

14. MOTHER'S MAIDEN NAME: ~~Mrs~~ Anna McClafferty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1916-1930

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Anna Daugherty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0

Immediate cause (a) Pulmonary Edema

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO (c) Arteriosclerotic Heart Disease — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1953, to....., 19....., that I last saw the deceased alive on Dec 21, 1953, and that death occurred at 10 35 p.m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (DEGREE OR TITLE) ADDRESS Riverdale Md DATE SIGNED 12-21-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12/24/53

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. Dec 22 1953

REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local

24. FUNERAL DIRECTOR F Gascha Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
DEC 23 1 53
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BADEN MD.
LENGTH OF STAY (in this place) 30 yrs.
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS BADEN MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND. COUNTY PRINCE GEORGE'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BADEN, MARYLAND
STREET ADDRESS (If rural give location) BADEN, MARYLAND

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizebeth (Last) LATIMER.

4. DATE OF DEATH: (Month) DEC. (Day) 22 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW.
8. DATE OF BIRTH: JULY 12, 1872
9. AGE last birthday: 81. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Own HOME.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Edward Seger.
14. MOTHER'S MAIDEN NAME: Margaret Ann Watson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: -----
17. INFORMANT & ADDRESS: Mr. Joseph E. Latimer Brandywine, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

443X Immediate cause (a) ACUTE HEART COLLAPSE + PROBABLE 10 min
DUE TO CEREBRO-VASCULAR HEMORRHAGE.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) SEVERE HYPERTENSION + CHRONIC Years.
DUE TO MYOCARDIAL DAMAGE

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19..., that I last saw the deceased alive on 12/22, 1953, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Vaheh M. Seron M.D. ADDRESS Aquasco, Md. DATE SIGNED 12/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/24/53
NAME OF CEMETERY OR CREMATORY Immanuel Methodist
LOCATION (City, town, or county) Horschead (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/26/53
REGISTRAR'S SIGNATURE J H Billingsley

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore
STREET ADDRESS (If rural give location) 9025 - Taylor st.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Laury

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1953

5. SEX: 2

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 12, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Hutchins Laury

14. MOTHER'S MAIDEN NAME: Mildred Louise Carrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother - same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 x

Immediate cause (a) Prematurity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/12, 1953, to 12/12, 1953, that I last saw the deceased alive on 12/12, 1953 and that death occurred at 9:05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Brannin MD ADDRESS 6124 Central Ave, Capitol Hgts Md DATE SIGNED 12/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF 1/8/54 NAME OF CEMETERY OR CREMATORY Prince George Geo Hosp LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 1/13/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry W Penn Jr ADDRESS Supt

20V3252230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

1. PLACE OF DEATH: COUNTY Prince Geo MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly; LENGTH OF STAY (in this place) 16 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville; STREET ADDRESS (If rural give location) 6413 Kilmer Pl.

3. NAME OF DECEASED: (Type or Print) (First) Nannie (Middle) Morton (Last) Lawrence

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (W)

8. DATE OF BIRTH: 4-24-80

9. AGE Last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Aquasco, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown Thomas

14. MOTHER'S MAIDEN NAME: Eliza Morton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: 10439 Naylor Rd. Claude T. Lawrence, Hollandale Silver Spring

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema — Interval Between Onset And Death: 2½ hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Acute congestive heart failure — 2 weeks

DUE TO

(c) Hypertensive Cardiovascular Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27, 1953, to 12-11, 1953, that I last saw the deceased alive on 12-11, 1953, and that death occurred at 12:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hyattsville, Md. DATE SIGNED 12-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Dec. 14, 1953; NAME OF CEMETERY OR CREMATORY St. Marys Epis. Cem.; LOCATION (City, town, or county) (State) Aquasco Md.

DATE REC'D BY LOCAL REGISTRAR 12/12/53; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W.W. Chambers Co; ADDRESS 5801 Cleveland Ave Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 15 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1237

Reg. Dist. No. 342

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside, Maryland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5121 Benning Rd. S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
STREET ADDRESS (If rural, give location) 5121 Benning Rd. S. E.

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Gertrude (Last) Marshall
4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/28/87
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Howard
14. MOTHER'S MAIDEN NAME: Elizabeth Fugitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. William Powell 6815 Roosevelt Ave. Seat Plst.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X
Immediate cause (a) Acute Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular Renal Desease

(903.5) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Right Hip

19a. DATE OF OPERATION: 9/3/53
19b. MAJOR FINDINGS OF OPERATION: Fracture of Right Hip
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Road
(CITY OR TOWN): Hillside (COUNTY): P. G. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 8/19/53 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Walk in street and fell.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Samuel A Boyd (Degree or title) M.D. ADDRESS: Forestville, Maryland DATE SIGNED: 12/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 12/5/53
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county): Suitland (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 3, 1953
REGISTRAR'S SIGNATURE: Carrie F. Campbell
24. FUNERAL DIRECTOR: W W Chambers Co ADDRESS: 717-11 St. S.E. Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

XS-A15A

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hillcrest Heights
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25th and Foster Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hillcrest Heights
STREET ADDRESS (If rural, give location) 2802 Iverson Street

3. NAME OF DECEASED: (Type or Print) (First) Claude (Middle) Davidson (Last) Mason
4. DATE OF DEATH (Month) 12 (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: March 26, 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Bronzeworker
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Randall Mason
14. MOTHER'S MAIDEN NAME: Mollie Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 171-10-5163
17. INFORMANT & ADDRESS: Wilbur Mason, 2804 Iverson Street Hillcrest Heights Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442 X

Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/31/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Prince Georges (State) Md.

DATE REC'D BY LOCAL REG. 12/29/53
REGISTRAR'S SIGNATURE Amadeo Downey
Carrie F. Campbell
24. FUNERAL DIRECTOR J. Wm Lees Son. 300-4th St N.E.
ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural give location): 3063 Vista St. N.E.

3. NAME OF DECEASED: (First) Catherine (Middle) (Last) McCarthy
4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 30 1883
9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia U.S.A.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Dennis J. McCarthy
14. MOTHER'S MAIDEN NAME: Catherine E. Cain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Dennis J. McCarthy 3063 Vista St. N.E.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

I20.1
Immediate cause (a) Acute cardiac failure — 3 hours.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary occlusion — 3 hours.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 12/26, 1953, to 12/26, 1953, that I last saw the deceased alive on 12/26, 1953 and that death occurred at 9:45 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title): [illegible] M.D. — ADDRESS: 7409 Varnum St. Landover Hills Md — DATE SIGNED: 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 12/30/53 — **NAME OF CEMETERY OR CREMATORY:** Fort Lincoln — **LOCATION** (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REGISTRAR: 12/29/53 — **REGISTRAR'S SIGNATURE:** Amanda Deuney

24. FUNERAL DIRECTOR: Malloy Funeral Home, Inc — **ADDRESS:** 3200 Rhode Island Ave, Mt. Rainier Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A -5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sargent Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr-Geo -
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) Sargent Road

3. NAME OF DECEASED: (Type or Print) (First) Donna (Middle) Lynn (Last) M. Govern

DATE OF DEATH (Month) 12 (Day) 2 (Year) 1953

5. SEX: Female **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Sing **8. DATE OF BIRTH:** Sept 14 1951 **9. AGE last birthday:** 2
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marshall M. Govern
14. MOTHER'S MAIDEN NAME: Virginia M. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
491.8 Immediate cause	(a)	Congestive heart failure	
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Pneumonia	
	DUE TO		
	(c)	Broncho-pneumonia	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ **CAUSE OF DEATH.**
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 12-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): — **DATE THEREOF** 12/4/53 — **NAME OF CEMETERY OR CREMATORY** Rockville Cemetery — **LOCATION** (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. Dec 4 1953 — **REGISTRAR'S SIGNATURE** James Devey

24. FUNERAL DIRECTOR — **ADDRESS**

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DEC 7 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 53A - Riverdale Rd.

3. NAME OF DECEASED: (Type or Print) (First) Judson (Middle) Emmette (Last) McMullan
4. DATE OF DEATH (Month) 12 (Day) 7 (Year) 1953
5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 30, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Lineman
10b. KIND OF BUSINESS/OR INDUSTRY: Safeway
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward B. McMullan
14. MOTHER'S MAIDEN NAME: Fannie D. Ripper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-10-6823
17. INFORMANT & ADDRESS: Mrs. Virginia Arndorff - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cardiovascular renal disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 12-9-53 NAME OF CEMETERY OR CREMATORY Evergreen Cemetery LOCATION (City, town, or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REG. 12/8/53 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR J. Gaddis Sons ADDRESS Hyattsville, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

DEC 10 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Branchville
STREET ADDRESS (If rural, give location) 4806 Apache Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Shaddens (Last) Mead
4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	6-21-92	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Foreman shop fact.	Baltimore, Md	U.S.A.

13. FATHER'S NAME: Joseph M. Mead
14. MOTHER'S MAIDEN NAME: Annie E. Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Charles F. Peck - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
I-20.1 Immediate cause	(a) Acute congestive heart failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary occlusion	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/23/53	Cedar Hill	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
12/22/53	Amanda Downey	F. Roache Sons	Hyattsville Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendly | LENGTH OF STAY (In this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7990 Old Fort Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendly
STREET ADDRESS (If rural, give location) 7990 Old Fort Road

3. NAME OF DECEASED (Type or Print): (First) Sadie (Middle) Cordelia (Last) Meredith

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write word): Widowed

8. DATE OF BIRTH: June 3, 1874

9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram T. Corliss

14. MOTHER'S MAIDEN NAME: Josie Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary A. Meredith, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James J. Boyd (Degree or title) M.D. ADDRESS: Forestville Md DATE SIGNED: 12-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec 11-53 | NAME OF CEMETERY OR CREMATORY: Arlington Roland Park | LOCATION (City, town, or county) (State): Ft. Myer Va.

DATE REC'D BY LOCAL REG.: Dec 8-53 | REGISTRAR'S SIGNATURE: Howard J. Beall

24. FUNERAL DIRECTOR: Lee Funeral Home | ADDRESS: Washington D.C.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1973
BUREAU V. S.

Film#6160 Item# 3 1/13/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park.
STREET ADDRESS (If rural give location): 7503 Princeton Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
May (Micajah)	R. (P.)	Merricks	Dec.	2	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	March 2, 1898	55 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
A25. Vice President	Southern Oxygen Co	Virginia	U.S.A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1 Immediate cause (a) Pulmonary Edema — 4 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cardiac Failure

DUE TO

(c) Coronary Thrombosis — 10 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
No			m.		

22. I hereby certify that I attended the deceased from Nov 30, 1953, to 12-2, 1953, that I last saw the deceased alive on 12-2, 1953, and that death occurred at 10 20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Dayton O Watkins MD	6304 Annapolis Rd Bladensburg Md	12.2.53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-5-53	Ft. Hill Cemetery	Carlton, Va

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/2/53	Amanda Downey	Francis Dustin Sons	

RECEIVED
DEC 7 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 2707 Webster St., Apt 4

3. NAME OF DECEASED: (Type or Print) (First) Kermit (Middle) James (Last) Mills

4. DATE OF DEATH (Month) (Day) (Year) 12-26 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 9, 1910
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): U.S. Army Officer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer Ellsworth Mills
14. MOTHER'S MAIDEN NAME: Lottie Sharp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mary G. Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 Coronary thrombosis
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/29/53
NAME OF CEMETERY OR CREMATORY Arlington Natl.
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 12/27/53
REGISTRAR'S SIGNATURE Amanda Downey
12/29/53 James Devey

24. FUNERAL DIRECTOR Rinaldi Funeral Home ADDRESS 816 H St. NE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Clinton
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 5

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Levi (Middle) Genesis (Last) Moore

4. DATE OF DEATH (Month) Dec. (Day) 5 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/2/34

9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Moore

14. MOTHER'S MAIDEN NAME: Alice Pinkney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Peter Moore, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

819X
Immediate cause (a) Hemorrhage and shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of the base of the skul, crushed chest
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Road

21c. (City or town) Clinton (County) P. G. (State) Md.

21d. TIME OF INJURY (Month) 12 (Day) 5 (Year) 53 (Hour) 1:45 M. A

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Occupant of a car that struck a fixed

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/8/53
NAME OF CEMETERY OR CREMATORY Asbury M. E.
LOCATION (City, town, or county) (State) Brandywine, Md.

DATE REC'D BY LOCAL REG. 12/7/53
REGISTRAR'S SIGNATURE [signature] Howard Beall Mub.

24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2yrs, 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 2607 Hamlin St., N.E.

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) W (Last) MURPHY

4. DATE OF DEATH: (Month) Dec (Day) 21st (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 11/6/05
9. AGE last birthday: ✓ ~~46~~ 48 yrs. IF UNDER 1 YEAR: Months | Days; IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Lab. technician
10b. KIND OF BUSINESS OR INDUSTRY: Std. Brands, Inc.
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas G. Murphy
14. MOTHER'S MAIDEN NAME: Belle Stevens

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X
Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 26 months
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cor Pulmonale

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2nd, 1951, to Dec 21st, 1953, that I last saw the deceased alive on Dec 21st, 1953, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D.
ADDRESS Glenn Dale Hospital
DATE SIGNED 12/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/24/53
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince Georges Ct. Md

DATE REC'D BY LOCAL REGISTRAR 12/24/53
REGISTRAR'S SIGNATURE Alice Weiss
24. FUNERAL DIRECTOR S H Hines 2501-14th Ave. ADDRESS West D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC [illegible] 53
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 2408 - Chapman St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Murray

4. DATE OF DEATH: (Month) Dec. (Day) 8, (Year) 19 53

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Dec. 8, 1953 | 9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred E. Murray

14. MOTHER'S MAIDEN NAME: Margaret Mac Cord

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: mother - same as above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity (2 lbs 4 oz) — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1953, to ....., 19....., that I last saw the deceased alive on Dec. 8, 1953, and that death occurred at 4:45 p.m. from the causes and on the date stated above.

SIGNATURE Marshall Louis M.D. (Degree or title) ADDRESS 1801 Eye St. N.W. DATE SIGNED 12.8.53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 12/8/53 | NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp | LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 12/13/53 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Harry W Pennington | ADDRESS Hyatt

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Maryland
STREET ADDRESS (If rural give location) 4908-42nd Avenue

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Naylor

4. DATE OF DEATH: (Month) Dec. (Day) 24, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Sept. 27, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Inspector Highway Dept. Wash DC
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Naylor
14. MOTHER'S MAIDEN NAME: Charlotte Templeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Amy Naylor Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocardial insufficiency

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1934, to 12-24, 1953, that I last saw the deceased alive on 12-23, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Deetz M.D. ADDRESS Hyattsville Md DATE SIGNED 12-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/26/53
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/26/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch & Sons Hyattsville Md (ADDRESS)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

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DEC
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Decatur Heights, ✓
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5113 Upshur Street ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Decatur Heights,
STREET ADDRESS (If rural, give location) 5113 Upshur Street,

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) STANFORD (Last) NOBLE

4. DATE OF DEATH (Month) (Day) (Year) December 22nd 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 5th, 1858

9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer Retired Self-employed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Noble

14. MOTHER'S MAIDEN NAME: Serepta Noble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Dennis E. Noble 5113 Upshur Street, Decatur Heights, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

903.0
Immediate cause (a) Exhaustion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Shock and senility
DUE TO
(c) Fractured femur.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: Nov. 8-1953 | 19b. MAJOR FINDING OF OPERATION: Intertrochanteric fracture of left femur - Reduced | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY Home | 21c. (City or town) Decatur Hts - (County) Pr. Geo - (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-6-53 M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Leg gave way and he fell to floor -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 12-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Dec. 24/53 | NAME OF CEMETERY OR CREMATORY Upper Bambury Cemetery | LOCATION (City, town, or county) (State) Trappe, Talbot Cty., Md.

DATE REC'D BY LOCAL REG. Dec 23 1953 | REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Company, Riverdale, Md.

DEC 1973
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue Plains
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS In a house boat

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Blue Plains
STREET ADDRESS (If rural, give location) a house boat

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Lee (Last) Ogle

4. DATE OF DEATH (Month) 12 (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan 27, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work-life, even if retired) Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Ogle
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) WWI (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Elizabeth L. Ogle 321 Chaney St NE Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 570.2

Immediate cause (a) Toxemia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Mesenteric thrombosis DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James F. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec. 29, 1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va

DATE REC'D BY LOCAL REG. 12/27/53
REGISTRAR'S SIGNATURE Amanda Downey Howard Beall mab.
24. FUNERAL DIRECTOR Mattingly Funeral Home
ADDRESS 131-11th St. S.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

BUREAU V. 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville P.O. LENGTH OF STAY (in this place) 2/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bladensburg 3559-55th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville P.O. (Bladensburg)
STREET ADDRESS (If rural, give location) 3559-55th Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Frank Vennell Passeno, 3rd
4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 4, 1922
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY: Transit Co
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Vennell Passeno, Jr.
14. MOTHER'S MAIDEN NAME: Madeline M. Arendes.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 577-22-9495
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

976X

Immediate cause (a) Hemorrhage & shock
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gunshot wound of head
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
21c. (City or town) Bladensburg (County) Hyattsville - Pr. Geo - (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-17-53 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Self inflicted

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/22/53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Va
DATE REC'D BY LOCAL REG. 12/21/53.
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's Sons - Hyattsville Md ADDRESS

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) Route 2 - Box 156

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise (Last) Patterson
4. DATE OF DEATH (Month) 12 (Day) 27 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug - 21, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 4 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Franklin Patterson
14. MOTHER'S MAIDEN NAME: Helen Elizabeth Correll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X

Immediate cause (a) Toxemia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Broncho pneumonia DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec 29 1953
NAME OF CEMETERY OR CREMATORY Ivy Hill County
LOCATION (City, town, or county) (State) Laurel Prince Geo. Md

DATE REC'D BY LOCAL REG. Dec 29-53 Dec 31-53
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Kettle Donaldson
ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
LENGTH OF STAY (in this place) Six Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Home City County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tight Foot
STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Louise M Price
4. DATE OF DEATH: (Month) (Day) (Year) 12-5 1953

5. SEX: Female
6. COLOR OR RACE: W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: 3-7-75
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Port News Va
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Hamilton Richardson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Harry L French (Grandson)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
331X
Immediate cause (a) Hemorrhage Cerebral — INTERVAL BETWEEN ONSET AND DEATH 3 mos.
DUE TO
Antecedent cause(s) (b) Arteriosclerosis — Indefinite
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Senility

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2-1953 to 12-5, 1953 that I last saw the deceased alive on 12-4, 1953 and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE John E Andrews (DEGREE OR TITLE) ADDRESS Mt Indian Head DATE SIGNED 12-4-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF Dec. 6, 1953
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Williamsburg. (State) Va

DATE REC'D BY LOCAL REG. 12/6/53
REGISTRAR'S SIGNATURE Julia H Pasey Howard Beall mmb.
24. FUNERAL DIRECTOR Josiah S. Everly ADDRESS Alexandria. Va
Courtesy Card # 707.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 16

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 230

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4301-Rowalt Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN College Park.
STREET ADDRESS (If rural, give location) 4301- Rowalt Drive

3. NAME OF DECEASED: (Type or Print) (First) Timothy (Middle) James (Last) Rourke

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sing
8. DATE OF BIRTH: July 20-1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 5 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. Rourke
14. MOTHER'S MAIDEN NAME: Blanche Foederer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X

Immediate cause (a) Congestive heart failure
DUE TO
Antecedent cause(s) (b) Toxemia
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) Broncho-pneumonia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/16/53
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. December 13 1953
REGISTRAR'S SIGNATURE John D Smith
24. FUNERAL DIRECTOR F Gasche sons Hyattsville Md ADDRESS

2173293352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12497

Reg. Dist. No. 241

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
LENGTH OF STAY (In this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6300 Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.J.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 6300 Central Ave

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Thomas (Last) Rowles
4. DATE OF DEATH (Month) 12 (Day) 3 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 16 1908
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Standard Oil
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George William Rowles
14. MOTHER'S MAIDEN NAME Bessie Elizabeth Massie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY No. UNKNOWN
17. INFORMANT AND ADDRESS William Finley Rowles 6102 Clayton Capitol Hts

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of head

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Capitol Heights (COUNTY) P.J. (STATE) Md
TIME OF INJURY (Month) 12 (Day) 3 (Year) 53 (Hour) 1 Am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? shot self with a revolver

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐.*

SIGNATURE James [illegible] (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 12-7-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 5, 1953
NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEMETERY
LOCATION (City, town, or county) COLMAR MANOR, PR. GEO. CTY (State) MD
DATE REC'D BY LOCAL REG. Dec. 4, 1953
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W.W. CHAMBERS CO - 517-119 ST. SE. WASH. D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: Glenn Dale Hospital, COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 6 mo's, 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1231 - D. St., N.E.

3. NAME OF DECEASED: (First) Clayton (Middle) A (Last) Rudolph

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11-15-89

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Groceryman

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Shenadoah Co., Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Rudolph

14. MOTHER'S MAIDEN NAME: Laura Hill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Pulmonary tuberculosis — Interval Between Onset And Death: 12 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8-53, 19.., to 12-25-53, 19....., that I last saw the deceased alive on 12-25-53, 19....., and that death occurred at 9:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Reg Finucane MD ADDRESS Glenn Dale Hospital DATE SIGNED Dec 26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/29/53 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR 12-28-53 REGISTRAR'S SIGNATURE Mae Wern

24. FUNERAL DIRECTOR J. McLee Sons Co ADDRESS Wash. D.C.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 mo, 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 6917 Kendall Drive

3. NAME OF DECEASED: (Type or Print) (First) Nacky (Middle) (Last) St. Clair

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: Nov. 5 1882

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Hemorrhage	6 days
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Bronchopneumonia	3 days
DUE TO		
	(c) Carcinoma of Prostate c metastases	13 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 ..., to ....., 19....., that I last saw the deceased alive on ....., 19 ... , and that death occurred at 2:15 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Brauer MD 6124 Central Ave Capitol Hgts Md 12/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 12-53
NAME OF CEMETERY OR CREMATORY National Memo. Cemetery
LOCATION (City, town, or county) (State) Falls Church Va

DATE REC'D BY LOCAL REGISTRAR 12/10/53
REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS
A. H. Hines Co. 2901-14-St. N.W. D.C.

VS. A16

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Maryland
STREET ADDRESS (If rural give location) 5301 - 50th Avenue -

3. NAME OF DECEASED: (Type or Print) (First) Bennie (Middle) (Last) Sale
4. DATE OF DEATH: (Month) Dec. (Day) 11, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept. 26, 1904
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Watchman
10b. KIND OF BUSINESS OR INDUSTRY: sanitary Comm
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert sale
14. MOTHER'S MAIDEN NAME: susie ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mabel sale Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cardio Vascular Renal Disease — 10 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked Obesity @ 400 lbs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7-53, 19..., to 12-11-53, 19..., that I last saw the deceased alive on 12-11-53 19..., and that death occurred at 5:15 PM from the causes and on the date stated above.

SIGNATURE John P. Clum (Degree or title) M.D. ADDRESS Hyattsville Md DATE SIGNED 12-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/15/53
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/16/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 18 1953
BUREAU V. S.

Film#G160 Item# 8 1/11/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3508 Lancer Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural give location) 3508 Lancer Dr

3. NAME OF DECEASED: (Type or Print) (First) Angeline (Middle) (Last) SATTERFIELD

4. DATE OF DEATH: (Month) Dec (Day) 26. (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Married

8. DATE OF BIRTH: June 29. 1870

9. AGE Last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Wm E. Satterfield Hyattsville Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) CORONARY OCCLUSION	12 HOURS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE	10 YEARS
	DUE TO (c) GENERALIZED ARTERIOSCLEROSIS	20 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1951, to 26 Dec., 1953, that I last saw the deceased alive on 26 Dec, 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Henry R. Wolfe M.D. — 5603 Chillum Heights Drive — 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/29/53 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or County) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 29 1953 — REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local. — 24. FUNERAL DIRECTOR F Rosch Sons — ADDRESS Hyattsville Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
1993
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Race track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2201 Liberty Heights Ave

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) James (Last) Schwartz
4. DATE OF DEATH (Month) (Day) (Year) 12-5-53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-14-1910
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Maritime
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Max Schwartz
14. MOTHER'S MAIDEN NAME: Martha Cohen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1
Immediate cause (a) Coronary occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12-7-53
NAME OF CEMETERY OR CREMATORY Rosedale
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 12-8-53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Place

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 12503

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) D.O.A.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Landover Hills; STREET ADDRESS (If rural, give location) 7127-Varnum Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Wesley (Last) Sears

4. DATE OF DEATH (Month) (Day) (Year) 12 - 12 - 1953

5. SEX Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 12-11-1879 | 9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk | 10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Sears | 14. MOTHER'S MAIDEN NAME: Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 578-38-0209 | 17. INFORMANT & ADDRESS: Mrs. P. Gibbons - Mitchellville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage & shock — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Basal fracture of skull

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street | 21c. (City or town) Bladensburg — (County) Pr. Geo — (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-12-53 P M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Struck by auto while walking across street.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 12-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/15/53 | NAME OF CEMETERY OR CREMATORY Mt. Zion | LOCATION (City, town, or county) Lothian (State) Md.

DATE RECD BY LOCAL REG. 12/13/53 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Hardesty Funeral Home, Galesville Md. ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: Prince George COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 18 D.C.
STREET ADDRESS (If rural give location): 4825 Kassell Ave.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) (Last) Seher

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 19, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife
10b. KIND OF BUSINESS OR INDUSTRY: in own home
11. BIRTHPLACE (State or foreign country): Berlin, Germany
12. CITIZEN OF WHAT COUNTRY? Germany ✓

13. FATHER'S NAME: Herman Seher
14. MOTHER'S MAIDEN NAME: Marie Wieland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-18-6035 ~~None~~
17. INFORMANT & ADDRESS: Erika M.L. Horner - Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 422.1 (a) Acute Pulmonary Edema — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 260X (b) Arteriosclerotic Cardiovascular Disease — 6 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1953, to Dec. 25, 1953, that I last saw the deceased alive on Dec. 24, 1953, and that death occurred at 1:35 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): John Kehoe M.D.
ADDRESS: 3404 Cheverly Ave Cheverly Md
DATE SIGNED: 12/25/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/28/53
NAME OF CEMETERY OR CREMATORY: Fort Lincoln
LOCATION (City, town, or county): Colmar Manor (State): Md

DATE REC'D BY LOCAL REGISTRAR: 12/27/53
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Nalley's Funeral Home, Inc. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY R. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dupont Heights
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (Last) Shearin
4. DATE OF DEATH (Month) 12 (Day) 22 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: ?
9. AGE last birthday: 50? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman Cars
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hillard Shearin
14. MOTHER'S MAIDEN NAME: Emma Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Police record - Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 981X
Immediate cause (a) Hemorrhage & shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gun shot wound of throat
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road Street
21c. (City or town) Glen Arden (County) R. Geo (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-22-53 10:15 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Shot by a gun held in hands of another man.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1-2-54
NAME OF CEMETERY OR CREMATORY Fayne Cemetery
LOCATION (City, town, or county) Wash. (State) D. C.
DATE REC'D BY LOCAL REG. 1-2-54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR M. K. Rollins
ADDRESS 4339 HUNT Pl. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

JAN
BUR U V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Hgts; LENGTH OF STAY (in this place) 25 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 707 - Addison Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights; STREET ADDRESS (If rural, give location) 707 - Addison Road.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) [illegible] (Last) SMITH

4. DATE OF DEATH: (Month) Dec (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 4 1916

9. AGE last birthday: 37 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Const Trucking

11. BIRTHPLACE (State or foreign country): Prince Geo Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: George Henson

14. MOTHER'S MAIDEN NAME: Rosie Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-12-7199

17. INFORMANT: Sylvester Bryant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Acute Congestive Heart Failure — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hyper Tension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 19 53 to Dec. 6, 19 53 that I last saw the deceased alive on Dec. 6, 19 53 and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. E. Belden MD — ADDRESS 4423 - Hunt Pl. N.E. Washington, D.C. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-9-53 | NAME OF CEMETERY OR CREMATORY: Woodlawn | LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. Dec. 6 - 1953 | REGISTRAR'S SIGNATURE: Carrie J. Campbell | 24. FUNERAL DIRECTOR: Henry S. Washington & Son | ADDRESS 467 N at N.W.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wayne (Middle) Forrest (Last) Spitznagel
4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov. 30, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Spitznagel
14. MOTHER'S MAIDEN NAME: Senta-Rosmarie Reichel
15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776X
Immediate cause (a) Placental atrophy c̄ turn pregnancy
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized cortical atrophy
DUE TO
(c) Immaturity

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1953, to 12/2, 1953, that I last saw the deceased alive on 12/2, 1953, and that death occurred at 7:35 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Thomas A. Christensen MD
ADDRESS Coplane Park
DATE SIGNED 12/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 12/7/53
NAME OF CEMETERY OR CREMATORY Prince Georges Gen. Hosp.
LOCATION (City, town, or county) Cheverly Md (State)
DATE REC'D BY LOCAL REGISTRAR 12/12/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr.
ADDRESS Supt

21 X3292411

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Suitland — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suitland Convalescence Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxon Hill
STREET ADDRESS (If rural, give location): 5410- Woodland Blvd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): FRANK E. TENNYSON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: JAN. 15-1877
9. AGE last birthday: 76 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: MRS. Viola McDonald, 5410- Woodland Blvd., Oxon Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — [illegible]

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1950, to Dec 10, 1953, that I last saw the deceased alive on Dec 7, 1953, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec 12-53 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REG.: Dec 10-53 — REGISTRAR'S SIGNATURE: Howard J Beall — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: 2007 Nichols Ave S.E. Wash DC

RECEIVED
DEC 14 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Pr. Georges Co MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hill
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5904 Farmer Drive SE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hill
STREET ADDRESS (If rural, give location) 5904 - Farmer Drive SE

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) HIRAM E. TENNYSON

4. DATE OF DEATH (Month) (Day) (Year) Dec 4 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 21-1900
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor
10b. KIND OF BUSINESS OR INDUSTRY Wash. Gas Co.
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME FRANK E. TENNYSON
14. MOTHER'S MAIDEN NAME EMMA M. COOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MARIAN E. TENNYSON - 5904 Farmer Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1948, to Dec 4, 1953, that I last saw the deceased alive on Dec 2, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John B. Fegan MD 22 N. Nichols Ave S.E. Wash DC 12-4-53

23. ~~BURIAL~~ CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec-7-1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. Dec 4-53
REGISTRAR'S SIGNATURE Howard J. Beall
24. FUNERAL DIRECTOR Simmons Brothers ADDRESS 2007 - Nichols Ave S.E. Wash, DC

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 8 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 331

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 54 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bruce (Middle) (Last) Watkins

4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr. 8-1865

9. AGE Last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Lawrenceville, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Watkins

14. MOTHER'S MAIDEN NAME: Sarah Lewis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153K

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death: 1 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Sigmoid — 6 Months

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/10/53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Sigmoid - metastasis to liver etc.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1953, to Dec. 26, 1953, that I last saw the deceased alive on Dec. 25, 1953, and that death occurred at 3:15 A., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Burt Ritchie M D 7005 Ritchie Rd S.E Wash 27 D.C.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/28/53

NAME OF CEMETERY OR CREMATORY Odessa Chapel

LOCATION (City, town, or county) (State) Seat Pleasant, Md

DATE REC'D BY LOCAL REGISTRAR Dec 26

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS Wash D.C.

1953

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) Ohis 34 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P G; CITY OR TOWN Rapid Cliff Md; STREET ADDRESS (If rural give location) Chesapeake Beach

3. NAME OF DECEASED: (First) Carrie (Middle) — (Last) Wells

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (M)

8. DATE OF BIRTH: 9-21-79

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: C. C. CLARK

14. MOTHER'S MAIDEN NAME: MARY DeMOUNT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: WALTER S. WELLS (HUSBAND) Chesapeake Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Hepatic Insufficiency

DUE TO

Antecedent causes (b) Cirrhosis of the Liver

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953, to Dec 1, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 10:04 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Brannin MD 616 4 Central Ave, Capitol Hgts Md 12/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 12-4-53 NAME OF CEMETERY OR CREMATORY Congressional LOCATION (City, town, or county) (State) WASH. D.C.

DATE REC'D BY LOCAL REGISTRAR 12/3/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS W W Chambers Co 5-7-11 745 5E WASH. D.C.

VS/A15

12/2/57

Coroner Maloney notified & permission granted for signing of death certificate.

W Brannin MD

BUREAU V.

Film#G160 Item# 7 1/25/54 emf
Film#G161 Item 18 2-1-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) — (Last) West

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 2-20-1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months 10 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Simms
14. MOTHER'S MAIDEN NAME: Susan —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Andrew West (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X Part II
Immediate cause (a) Congestive heart failure
DUE TO
Antecedent cause(s) (b) II Toxemia, Bronchopneumonia
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1953, to Dec 26, 1953, that I last saw the deceased alive on Dec 26, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE James D Floyd (DEGREE OR TITLE) M D ADDRESS Forestville Md DATE SIGNED 12-26-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec 30 1953
NAME OF CEMETERY OR CREMATORY Gibbons A M E Church
LOCATION (City, town, or county) Brandywine (State) Md

DATE REC'D BY LOCAL REG. Dec. 29/53
REGISTRAR'S SIGNATURE F H Billingsley
24. FUNERAL DIRECTOR Myrtle K. Rollins Funeral Home ADDRESS

Burial Permit issued Dec 27 by John F. Danner upper Marlboro Md 4200 Hunt Place N E Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JAN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

I. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (In this place) 7 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5815 Baltimore Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince Georges

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville

STREET ADDRESS (If rural, give location) 5815 Baltimore Boulevard

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Elsie Wild	12 - 10 1953	Female	White	Widow	Dec-28-1898	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	U.S. Post Office	Washington D.C.	U.S.A.

13. FATHER'S NAME: Frank White

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	Louise Swann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause (163X)	(a)	Acute congestive heart failure	
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Metastatic carcinoma of lung	
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-11-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/14/53	Glenwood	Washington D C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 13 1953	James Devery	F. Gaschè sons -	Hyattsville Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) | LENGTH OF STAY (in this place) 9 mo's 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1328 Taylor St., N.E.

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) O (Last) Williams
4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 4, 1870
9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION..Give kind of work done during most of working life, (even if retired) Parking lot attendant
10b. KIND OF BUSINESS OR INDUSTRY: Parking lot
11. BIRTHPLACE (State or foreign country): Giles Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George S. Williams
14. MOTHER'S MAIDEN NAME: Mary Albert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Pulmonary Tuberculosis — 14 months
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9-53, 19..., to 12-31-53, 19..., that I last saw the deceased alive on 12-31-53, 19..., and that death occurred at 9:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Daniel Lee Finucane M.D. | Glenn Dale Md | Jan 1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/4/54 | NAME OF CEMETERY OR CREMATORY Oakdale Cemetery | LOCATION (City, town, or county) Richmond | (State) Va

DATE REC'D BY LOCAL REGISTRAR 1/1/54 | REGISTRAR'S SIGNATURE Alice Wren | 24. FUNERAL DIRECTOR J. Wm. Lee & Sons Co. | ADDRESS Wash. D.C.

RECEIVED
JAN
BUREAU V. S.

2515

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY: Pr Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pr Geo Gen Hosp — LENGTH OF STAY (in this place): 22 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cheverly, Md

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md — COUNTY: Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 5204 Huron
STREET ADDRESS (If rural, give location): College Park, Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): BERTIE WITHERS
4. DATE OF DEATH (Month) (Day) (Year): DEC 30 1953
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Mar 28-1869.
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George W Crook
14. MOTHER'S MAIDEN NAME: Marian Spear
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Ada W Frank Louser - College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 1953, to 12/30, 1953, that I last saw the deceased alive on 12/30, 1953, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. — ADDRESS: College Park Md — DATE SIGNED: 12/30/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/2/54 — NAME OF CEMETERY OR CREMATORY: Wadick — LOCATION (City, town, or county) (State): Weston West Va

DATE REC'D BY LOCAL REG.: 1-2-54 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F Gasche Sons — ADDRESS: Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12516

CERTIFICATE OF DEATH

Reg. Dist. No. 247

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown Station Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hopesville
STREET ADDRESS (If rural, give location) Brown Station Rd

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) May (Last) Worth

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 12, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Mann

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Adelaide Worth, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiovascular renal disease	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to Dec. 12, 1953, that I last saw the deceased alive on Dec. 11, 1953, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Forestville DATE SIGNED 12-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec. 14-53

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REG. Dec. 13-53

REGISTRAR'S SIGNATURE Edna F. Gillis

24. FUNERAL DIRECTOR J. Nelson Lee & Sons

ADDRESS 2004 4th St NE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 8-51

RECEIVED
DEC 17 1953
BUREAU V. S.

Film#G160 Item # 11, 12 12/16/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12517

CERTIFICATE OF DEATH

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY: Prince George | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville | LENGTH OF STAY (in this place): 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hyattsville Cono. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. | COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1900 Lamont, St. N.W.

3. NAME OF DECEASED: (First) Charlotte (Middle) E. (Last) Zears

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1953

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 1888 | 9. AGE last birthday: 65 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY: at Home | 11. BIRTHPLACE (State or foreign country): unknown | 12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Cono Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary thrombosis	1 hour
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) arteriosclerotic heart disease	2 yrs.
DUE TO		
	(c)	

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Dec 6, 1953, that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 8:20 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Harold F. McCann, M.D. | 3008 - 14th St. N.W. Wash. 9, D.C. | 12/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 9 1953 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) Colmar Manor | (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 6 1953 | REGISTRAR'S SIGNATURE James Devey | 24. FUNERAL DIRECTOR The S.H. Hines Co | ADDRESS 2901 14th St NW Wash. D.C

RECEIVED
DEC 8 1953
BUREAU V. S.